

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/519998**
APPLICANT(S)

FILED DATE

9-01-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2		/				
3		/				
4	/	/				
5	/	/				
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49						
50						
TOTAL IND.	2					
TOTAL DER.	34					
TOTAL CLAIMS	36					

	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS